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William Morell

Dated 19 June 2009



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Patent No. 1977
(Ref. No. 56)

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1.	Your reference	SJA/63183/000		
2.	Patent application number (The Patent Office will fill in this part)	30 JUL 2003 0317869.6		
3.	Full name, address and postcode of the or of each applicant (<i>underline all surnames</i>) Patents ADP number (<i>if you know it</i>)	DISPERSE LIMITED European Centre Surrey Research Park 40 Alan Turing Road Guildford, Surrey, GU2 7YF United Kingdom 80472190d		
4.	Title of the invention	IMPROVED DRUG DELIVERY SYSTEM		
5.	Name of your agent (<i>if you have one</i>) "Address for service" in the United Kingdom to which all correspondence should be sent (<i>including the postcode</i>) Patents ADP number (<i>if you know it</i>)	BOULT WADE TENNANT VERULAM GARDENS 70 GRAY'S INN ROAD LONDON WC1X 8BT 42001		
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11

I/We request the grant of a patent on the basis of this application.

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S.J. ALLARD
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- 1 -

IMPROVED DRUG DELIVERY SYSTEM

The present invention relates to an improved drug delivery system and, in particular, to an improved
5 drug delivery system for the oral administration of lipophilic poorly water-soluble drugs in immediate release dosage forms.

The bioavailability of lipophilic, poorly water-soluble drugs when administered orally in solid dosage forms (such as tablets) is notoriously low and variable. This has led to the development of dosage forms in which the drug is pre-dissolved in either a lipid vehicle or a mixture of a lipid vehicle and a
15 surfactant or a ternary mixture of a lipid vehicle, a surfactant and a co-solvent. Such compositions provide an increased bioavailability of the drug but only at the cost of increased complexity and, in most cases, the need to include very high levels (30% or
20 greater) of surfactant or emulsifier.

Existing lipid-based delivery vehicles for lipophilic drugs include the simple solution of the drug in a lipophilic vehicle, self-emulsifying oil systems, micro-emulsions and liposomes. The properties and application characteristics of lipophilic drug delivery vehicles have been the subject of numerous reviews - for example, *Humberstone & Charman (1997) Advanced Drug Delivery Review v.25, 30 103-128 and O'Driscoll (2002) European Journal of Pharmaceutical Science v.15, 405-415.*

Lipophilic Solution.

A number of drugs have an appreciable solubility
35 in lipophilic oils (especially triacyl glycerides) alone. It is therefore possible to administer the

drug as a simple solution in a capsule and obtain satisfactory absorption and bioavailability. However, the dispersion kinetics of such a formulation cannot be expected to be as rapid as would be observed for a pre-dispersed system. The slow dispersion of the formulation is a major limitation of this dosage form.

Self-emulsifying Oil Systems

These are sometimes referred to as SEDDS ('self-emulsifying drug delivery systems') and comprise a mixture of an oil and a surfactant that spontaneously forms an oil-in-water emulsion when diluted with water. The solubility of the drug is typically enhanced by the presence of the surfactant - which is usually present in concentrations as high as or greater than 30%. Co-solvents such as ethanol, propylene glycol and polyethylene glycol are sometimes added in order to increase the solubility of the drug. This dosage form is a lipophilic, isotropic liquid which may be filled into capsules and which, when liberated from the capsule in the gastrointestinal tract, forms a dispersion of small drug-containing oil/surfactant droplets which spread rapidly. The main disadvantage of SEDDS relates to the presence of the large amounts of surfactant, which, apart from potentially having a harmful effect on the intestinal wall, adds to the cost and complexity of the formulation. Examples of such compositions are disclosed in US Patents Nos. 6436430 and 6284268.

30

Microemulsion preconcentrates

These are essentially similar to SEDDS and comprise isotropic mixtures of drug, lipid, surfactant and (if required) co-solvent and co-surfactant. As with the self-emulsifying drug delivery systems, on addition to an aqueous medium these systems disperse to form liquid/liquid dispersions. The primary

difference between microemulsion preconcentrates and SEDDS is the nature of the dispersion formed, where the microemulsion preconcentrates disperse to form thermodynamically stable microemulsions.

5 Microemulsions have been shown to enhance the bioavailability of lipophilic drugs but suffer from the same major disadvantage as for SEDDS - the very high level of surfactant needed for their formation. Examples of such compositions are disclosed in US
10 Patents Nos. 5993858 and 6309665.

Liposomes

Liposomes consist of ordered layers of phospholipid molecules which encapsulate a central aqueous lumen. The possibility exists for lipophilic drugs to be solubilised within the phospholipid layers. The drug carrying capabilities of liposomes are sufficient for use in parenteral formulations, but are not particularly suitable for use in oral dosage forms. Furthermore, liposomes are unstable and expensive to produce and therefore have limited potential for the delivery of lipophilic drugs. Examples of such compositions are disclosed in US
20 Patents Nos. 4746516 and 6090407.
25

Other dosage forms include the conversion of microemulsions into solid or semisolid nano particles and the use of polyaphrons. US Patent No. 4999198 discloses a polyaphron comprising a continuous phase
30 and a disperse phase in which a drug, specifically scopolamine, is carried. The patent describes the slow release of the drug from the polyaphron into a medium with which the polyaphron is in contact and in particular the transdermal delivery of drugs. The invention described here is different from that previously described in US Patent No. 4999198. No
35 reference has previously been given to the use of such

polyaphrons as an oral delivery system which is compatible with hard or soft gelatin capsules. No. specific water to lipid phase ratio is given in the previous patent. Furthermore, scopolamine is the only drug specifically mentioned.

The disadvantages of the oral formulations for the delivery of lipophilic poorly water-soluble drugs have been discussed above. None of the current 10 formulations is particularly satisfactory.

We have now developed a readily dispersible two-phase system for the oral delivery of poorly water-soluble drugs which has a low water content (less than 15 10% w/w water) and therefore gives the system a good compatibility with gelatin, thereby enabling the drug formulation to be encapsulated in hard or soft gelatin capsules. Furthermore, the two-phase system is simple to produce and requires the use of only a limited 20 amount of potentially expensive and harmful surfactants.

Accordingly, the present invention provides an oral drug delivery system which comprises a biliquid 25 foam comprising

from 1 to 10% by weight of a continuous hydrophilic phase,
from 70 to 98% by weight of a pharmaceutically acceptable oil which forms a discontinuous phase,
the said pharmaceutically acceptable oil having dissolved or dispersed therein a poorly water-soluble drug in an amount of from 0.1 to 20% by weight
and the biliquid foam including therein from 0.5 to 5% 35 by weight of a surfactant to enable the formation of a stable biliquid foam, all percentages being based upon the total weight of the formulation.

By the term "biliquid foam" which is used herein, which is also referred to in the art as a "polyaphron", is meant a non-isotropic dispersion of a non-polar liquid suspended in a continuous polar phase.

By the term "poorly water-soluble drug" as used herein is meant a drug which will dissolve in water in an amount of less than 1% by weight.

10

The pharmaceutically acceptable oil which is used in the present invention is preferably a mono-, di- or triglyceride, or a mixture thereof. In particular the mono-, di- or triglycerides are preferably the glycerol esters of fatty acids containing from 6 to 22 carbon atoms.

Examples of oils which may be used in the present invention include almond oil, babassu oil, blackcurrant seed oil, borage oil, canola oil, castor oil, coconut oil, cod liver oil, corn oil, cottonseed oil, evening primrose oil, fish oil, grapeseed oil, mustard seed oil, olive oil, palm kernel oil, palm oil, peanut oil, rapeseed oil, safflower oil, sesame oil, shark liver oil, soybean oil, sunflower oil, walnut oil, wheat germ oil, hydrogenated castor oil, hydrogenated coconut oil, hydrogenated cottonseed oil, hydrogenated palm oil, hydrogenated soybean oil, partially hydrogenated soybean oil, hydrogenated vegetable oil, modified triglycerides, caprylic/capric glycerides, fractionated triglycerides, glycetyl tricaprate, glycetyl tricaproate, glycetyl tricaprylate, glycetyl tricaprylate/caprate, glycetyl tricaprylate/caprate, glycetyl tricaprylate/caprate/laurate, glycetyl tricaprylate/caprate/linoleate, glycetyl tricaprylate/caprate/stearate, glycetyl trilaurate,

glyceryl trilinoleate, glyceryl trilinolenate,
glyceryl trioleate, glyceryl triundecanoate, linoleic
glycerides, saturated polyglycolized glycerides,
synthetic medium chain triglyceride containing
5 primarily C₈-C₁₂ fatty acid chains, medium chain
triglycerides, long chain triglycerides, modified
triglycerides, fractionated triglycerides, and
mixtures thereof.

10 Examples of mono and diglycerides which may be
used in the present invention include propylene glycol
mono and diesters having from 15 to 40 carbon atoms,
including hydrolysed coconut oils (e.g. Capmul MCM),
hydrolysed corn oil (e.g. Maisine 35-1).

15 The monoglycerides and diglycerides are mono- or
di-saturated fatty acid esters of glycerol having
eight to sixteen carbon chain length.

20 Essential oils may also be used in the present
invention.

The surfactant used in the present invention may
be incorporated into either or both phases of the
25 biliquid foam. The surfactant used in the present
invention is preferably an alkyl polyglycol ether, an
alkyl polyglycol ester, an ethoxylated alcohol, a
polyoxyethylene sorbitan fatty acid ester, a
polyoxyethylene fatty acid ester, an ionic or non-
30 ionic surfactant, a hydrogenated castor
oil/polyoxyethylene glycol adducts containing from 25
to 60 ethoxy groups, a castor oil/polyoxyethylene
glycol adduct containing from 25 to 45 ethoxy groups,
or a mixture thereof. The surfactant may be used in
35 an amount of from 0.5 to 5% by weight of the biliquid
foam but preferably issued in an amount of from 1 to
2% by weight of the biliquid foam.

A co-emulsifier may be used in the formation of the biliquid foams in an amount sufficient to complete the solubilization of the poorly water-soluble drug. A suitable co-emulsifier is a phosphoglyceride or a 5 phospholipid, for example lecithin.

The continuous hydrophilic phase of the biliquid foam may comprise water or may comprise an aqueous phase which includes therein an additional component 10 to reduce the affinity of the aqueous phase for a capsule forming material such as gelatin. The additional component may be a salt such as sodium chloride, or a co-solvent such as an aliphatic alcohol, polyethylene glycol, propylene glycol or 15 glycerol, or mixtures thereof, or a gelling such as alginate gums or their salts, guar gum, locust bean gum, xanthan gum, gum acacia, gelatin, hydroxymethyl-cellulose hydroxyethylcellulose, hydroxypropyl-cellulose, carboxymethylcellulose or its salts, 20 bentonites, magnesium aluminium silicates, "Carbomers" (salts of cross-linked polymers of acrylic acid), or glycetyl polymethacrylates or their dispersions in glyccols, or any appropriate mixture of any of these polymers and gums.

25

Alternatively, the hydrophilic phase may be non-aqueous and may be, for example, an aliphatic alcohol, polyethylene glycol, propylene glycol or glycerol, or mixtures thereof.

30

Poorly water-soluble drugs which may be used in the present invention include the following:

Analgesics and anti-inflammatory agents:
35 aloxiphin, auranofin, azapropazone, benorylate, diflunisal, etodolac, fenbufen, fenoprofen calcium, flurbiprofen, ibuprofen, indomethacin, ketoprofen,

meclofenamic acid, mefenamic acid, nabumetone, naproxen, oxyphenbutazone, phenylbutazone, piroxicam, sulindac.

5 Anthelmintics: albendazole, bephenium hydroxynaphthoate, cambendazole, dichlorophen, ivermectin, mebendazole, oxamniquine, oxfendazole, oxantel embonate, praziquantel, pyrantel embonate, thiabendazole.

10 Anti-arrhythmic agents: amiodarone HCl, disopyramide, flecainide acetate, quinidine sulphate. Anti-bacterial agents: benethamine penicillin, cinoxacin, ciprofloxacin HCl, clarithromycin, 15 clofazimine, cloxacillin, demeclocycline, doxycycline, erythromycin, ethionamide, imipenem, nalidixic acid, nitrofurantoin, rifampicin, spiramycin, sulphabenzamide, sulphadoxine, sulphamerazine, sulphacetamide, sulphadiazine, sulphafurazole, 20 sulphamethoxazole, sulphapyridine, tetracycline, trimethoprim.

Anti-coagulants: dicoumarol, dipyridamole, nicoumalone, phenindione.

25 Anti-depressants: amoxapine, maprotiline HCl, mianserin HCl, nortriptyline HCl, trazodone HCl, trimipramine maleate.

30 Anti-diabetics: acetohexamide, chlorpropamide, glibenclamide, gliclazide, glipizide, tolazamide, tolbutamide.

35 Anti-epileptics: beclamide, carbamazepine, clonazepam, ethotoin, methoin, methsuximide, methylphenobarbitone, oxcarbazepine, paramethadione, phenacetamide, phenobarbitone, phenytoin, phensuximide,

primidone, sulthiame, valproic acid.

5 Anti-fungal agents: amphotericin, butoconazole nitrate, clotrimazole, econazole nitrate, fluconazole, flucytosine, griseofulvin, itraconazole, ketoconazole, miconazole, natamycin, nystatin, sulconazole nitrate, terbinafine HCl, terconazole, tioconazole, undecenoic acid.

10 Anti-gout agents: allopurinol, probenecid, sulphin-pyrazone.

15 Anti-hypertensive agents: amlodipine, benidipine, darodipine, dilitazem HCl, diazoxide, felodipine, guanabenz acetate, isradipine, minoxidil, nicardipine HCl, nifedipine, nimodipine, phenoxybenzamine HCl, prazosin HCl, reserpine, terazosin HCl.

20 Anti-malarials: amodiaquine, chloroquine, chlorproguanil HCl, halofantrine HCl, mefloquine HCl, proguanil HCl, pyrimethamine, quinine sulphate.

25 Anti-migraine agents: dihydroergotamine mesylate, ergotamine tartrate, methysergide maleate, pizotifen maleate, sumatriptan succinate.

Anti-muscarinic agents: atropine, benzhexol HCl, biperiden, ethopropazine HCl, hyoscyamine, mepenzolate bromide, oxyphencylcimine HCl, tropicamide.

30 Anti-neoplastic agents and Immunosuppressants: aminoglutethimide, amsacrine, azathioprine, busulphan, chlorambucil, cyclosporin, dacarbazine, estramustine, etoposide, lomustine, melphalan, mercaptourine, methotrexate, mitomycin, mitotane, mitozantrone, procarbazine HCl, tamoxifen citrate, testolactone.

Anti-protazoal agents: benznidazole, clioquinol, decoquinate, diiodohydroxyquinoline, diloxanide furoate, dinitolmide, furzolidone, metronidazole, nimorazole, nitrofurazone, ornidazole, tinidazole.

5

Anti-thyroid agents: carbimazole, propylthiouracil.

Anxiolytic, sedatives, hypnotics and
10 neuroleptics: alprazolam, amylobarbitone, barbitone, bentazepam, bromazepam, bromperidol, brotizolam, butobarbitone, carbromal, chlordiazepoxide, chlormethiazole, chlorpromazine, clobazam, clotiazepam, clozapine, diazepam, droperidol,
15 ethinamate, fluanisone, flunitrazepam, fluopromazine, flupenthixol decanoate, fluphenazine decanoate, flurazepam, haloperidol, lorazepam, lormetazepam, medazepam, meprobamate, methaqualone, midazolam, nitrazepam, oxazepam, pentobarbitone, perphenazine
20 pimozide, prochlorperazine, sulpiride, temazepam, thioridazine, triazolam, zopiclone.

β -Blockers: acebutolol, alprenolol, atenolol, labetalol, metoprolol, nadolol, oxprenolol, pindolol,
25 propranolol.

Cardiac Inotropic agents: amrinone, digitoxin, digoxin, enoximone, lanatoside C, medigoxin.

30 Corticosteroids: beclomethasone, betamethasone, budesonide, cortisone acetate, desoxymethasone, dexamethasone, fludrocortisone acetate, flunisolide, flucortolone, fluticasone propionate, hydrocortisone, methylprednisolone, prednisolone, prednisone,
35 triamcinolone.

Diuretics: acetazolamide, amiloride, bendrofluazide, bumetanide, chlorothiazide, chlorthalidone, ethacrynic acid, frusemide, metolazone, spironolactone, triamterene.

5

Anti-parkinsonian agents: bromocriptine mesylate, lysuride maleate.

Gastro-intestinal agents: bisacodyl, cimetidine, 10 cisapride, diphenoxylate HCl, domperidone, famotidine, loperamide, mesalazine, nizatidine, omeprazole, ondansetron HCl, ranitidine HCl, sulphosalazine.

Histamine H₁-Receptor Antagonists: acrivastine, 15 astemizole, cinnarizine, cyclizine, cyproheptadine HCl, dimenhydrinate, flunarizine HCl, loratadine, meclozine HCl, oxatomide, terfenadine.

Lipid regulating agents: bezafibrate, clofibrate, 20 fenofibrate, gemfibrozil, probucol.

Nitrates and other anti-anginal agents: amyl nitrate, glyceryl trinitrate, isosorbide dinitrate, isosorbide mononitrate, pentaerythritol tetranitrate.

25

Nutritional agents: betacarotene, vitamin A, vitamin B₂, vitamin D, vitamin E, vitamin K.

Opioid analgesics: codeine, dextropropoxyphene, 30 diamorphine, dihydrocodeine, meptazinol, methadone, morphine, nalbuphine, pentazocine.

Sex hormones: clomiphene citrate, danazol, ethinyl estradiol, medroxyprogesterone acetate, 35 mestranol, methyltestosterone, norethisterone, norgestrel, estradiol, conjugated oestrogens,

progesterone, stanozolol, stibestrol, testosterone, tibolone.

5 Stimulants: amphetamine, dexamphetamine,
dexfenfluramine, fenfluramine, mazindol.

10 Pharmaceutically acceptable salts, isomers and derivatives thereof may be substituted for these drugs. Mixtures of lipophilic drugs may be used where therapeutically effective.

15 The discontinuous phase of the present invention comprises 70 to 98% by weight, preferably from 80 to 96% by weight, more preferably from 90 to 95% by weight of the biliqid foam. The continuous hydrophilic phase comprises from 1 to 20% by weight, preferably from 2 to 10% by weight of the biliqid foam.

20 The oral drug delivery systems of the present invention are preferably presented in a unit dosage form. The preferred unit dosage form comprises capsules filled with the biliqid foam, for example hard or soft gelatin capsules. The use of the gelatin capsules is made possible by the low water content of the biliqid foam which ensures good compatibility both with the hard and soft gelatin capsules and the optional incorporation into the aqueous phase of an additional component which reduces the affinity of the 25 aqueous phase for the capsule material. This is an advantage over the currently available lipid dispersions and provides a better bioavailability of the drug as compared to tablets.

30 35 Each unit dosage form will comprise from 0.5mg to 200mg of the drug in up to a 100mg dosage form.

The biliquid foams of the drug delivery systems may also be presented as dilutable concentrates which are infinitely dilutable in a co-solvent such as water or a water compatible aliphatic alcohol, polyethylene glycol, propylene glycol or glycerol, or mixtures thereof. Dilution of the biliquid foam preparations is possible and they may be incorporated into a drink, syrup or linctus.

10 The biliquid foam compositions of the present invention may also contain other additives such as preservatives or antimicrobial agents (for instance to prevent microbiological spoilage). These additives may be included in the non-polar liquid or the
15 continuous phase.

It will be understood that the inclusion of these additives will be at the levels and with the type of materials which are found to be effective and useful.
20 Care needs to be taken in the choice and amount of these additives to prevent compromise to the other performance advantages of the present invention.

Methods of producing biliquid foams are described
25 in US-A-4486333 involving the preliminary formation of a gas foam in order to provide a sufficiently large surface area on which the biliquid foam can subsequently be formed. It has been found that the prior formation of a gas foam is not required to
30 manufacture a stable biliquid foam, provided that a suitable stirring mechanism is provided in the manufacturing vessel.

Such an apparatus comprises a tank provided with
35 a stirrer in which the stirrer blade breaks the interface between the liquid and air. A delivery device is provided through which the oil phase (non-

polar liquid), which will comprise the internal phase of the dispersion is delivered to the tank. The design of the delivery device is such that the rate of addition of the internal phase fluid can be controlled
5 and varied during the production process. A feature of the production process is that the internal (oil) phase is added to the stirred aqueous phase slowly at first until sufficient droplets have been formed to constitute a large surface area for the more rapid
10 formation of new droplets. At this point, the rate of addition of the oil phase may be increased.

The production process consists of the following steps:

- 15 1. The addition of one or more chosen surfactants to one or other or both phases (as previously determined by experiment).
2. The charging of the aqueous phase into the bottom of a process vessel.
- 20 3. The incorporation of the stirrer into the vessel so that it stirs the surface of the aqueous phase.
4. Adjustment of the stirrer speed to a previously determined level.
- 25 5. The slow addition of the internal (oil) phase containing the poorly water-soluble drug dissolved or dispersed therein whilst continuing to stir at the prescribed speed.
6. The speeding up of the rate of addition of the oil phase once a prescribed amount (usually between 5% and 10% of the total amount to be added) has been added.

35 The stirring rate and the rate of addition of the oil phase are variables, the values of which depend upon the detailed design of the manufacturing plant (in particular, the ratio of tank diameter to impeller

diameter), the physico-chemical properties of the oil phase and the nature and concentrations of the chosen surfactants. These can all be pre-determined by laboratory or pilot plant experiment.

5

It will be understood by those skilled in the art that other manufacturing methods may be used, as appropriate.

10 Although the stability of the biliquid foams is generally good, they may be stabilised by the addition of an aqueous gel and, accordingly, the present invention includes within its scope a stable dispersion which comprises from 1 to 80% by weight of
15 a biliquid foam and from 20 to 99% by weight of an aqueous gel.

20 The aqueous gel will preferably be formed from a colloidal polymer or gum suspended in water, at a concentration of from 0.05 to 20% by weight, more preferably from 0.2 to 1% by weight. Suitable polymers or gums are, for example, alginate gums or their salts, guar gum, locust bean gum, xanthan gum, gum acacia, gelatin, hydroxymethylcellulose
25 hydroxyethylcellulose, hydroxypropylcellulose, carboxymethylcellulose or its salts, bentonites, magnesium aluminium silicates, "Carbomers" (salts of cross-linked polymers of acrylic acid), or glyceryl polymethacrylates or their dispersions in glycols, or
30 any appropriate mixture of any of these polymers and gums.

The present invention will be further described
35 with reference to the following examples:

Biliqid Foam Preparation

A suitable vessel was charged with the aqueous phase of the biliqid foam. The drug was dissolved in the oil phase. The oil phase containing the drug was then added at a constant rate with stirring, using a sweep stirrer or an orbital mixer. After completion of the oil addition, the stirring was continued until the size of the oil droplets became stable or reached a desired size.

Example 1

	Oil phase	%	Weight(g)
15	Caprylic/capric triglyceride	90	27
	Halofantrine	5	1.5
Aqueous phase			
20	Castor oil/polyoxyethylene glycol (35) adduct	1	0.3
	Deionised water	4	1.2
	Total	100	30.0

Example 2

	Oil phase	%	Weight(g)
25	Caprylic/capric triglyceride	90	27
	Halofantrine	5	1.5
Aqueous phase			
30	Hydrogenated castor oil/polyoxyethylene glycol (40) adduct	1	0.3
	Deionised water	4	1.2
	Total	100	30.0

Example 3

	Oil phase	%	Weight(g)
	Caprylic/capric triglyceride	90	27
5	Halofantrine	5	1.5
	Aqueous phase		
	Hydrogenated	1	0.3
	castor oil/polyoxyethylene		
	glycol (60) adduct		
10	Deionised water	4	1.2
	Total	100	30.0

Example 4

	Oil phase	%	Weight(g)
15	Soybean oil BP	90	27
	Halofantrine	5	1.5
	Aqueous phase		
	Hydrogenated	1	0.3
20	castor oil/polyoxyethylene		
	glycol (35) adduct		
	Deionised water	4	1.2
	Total	100	30.0

Claims

1. An oral drug delivery system which comprises a biliquid foam comprising:

5 from 1 to 20% by weight of a continuous hydrophilic phase,
 from 70 to 98% by weight of a pharmaceutically acceptable oil which forms a discontinuous phase, the said pharmaceutically acceptable oil having
10 dissolved or dispersed therein a poorly water-soluble drug in an amount of from 0.1 to 20% by weight

and the biliquid foam including therein from 0.5 to 5% by weight of a surfactant to enable the formation of a
15 stable biliquid foam, all percentages being based upon the total weight of the formulation.

2. An oral drug delivery system as claimed in claim 1 wherein the continuous hydrophilic phase is an aqueous phase.

3. An oral drug delivery system as claimed in claim 2 wherein the aqueous phase is water.

25 4. An oral drug delivery system as claimed in claim 2 wherein the aqueous phase incorporates a salt or a co-solvent therein.

30 5. An oral drug delivery system as claimed in claim 1 wherein the continuous hydrophilic phase is a non-aqueous solvent.

35 6. An oral drug delivery system as claimed in claim 5 wherein the non-aqueous solvent is an aliphatic alcohol, polyethylene glycol, propylene glycol or glycerol, or mixtures thereof.

7. An oral drug delivery system as claimed in any one of the preceding claims wherein the pharmaceutically acceptable oil is a mono-, di- or triglyceride, or a mixture thereof.

5

8. An oral drug delivery system as claimed in claim 7 wherein the mono-, di- or triglycerides are the glycerol esters of fatty acids containing from 6 to 22 carbon atoms.

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9. An oral drug delivery system as claimed in any one of the preceding claims wherein the surfactant comprises an alkyl polyglycol ether, an alkyl polyglycol ester, an ethoxylated alcohol, a polyoxyethylene sorbitan fatty acid ester, a polyoxyethylene fatty acid ester, a polyoxyethylene fatty acid ester, an ionic or non-ionic surfactant, a hydrogenated castor oil/polyoxyethylene glycol adduct containing from 25 to 60 ethoxy groups, a castor oil/polyoxyethylene glycol adduct containing from 25 to 45 ethoxy groups, or mixtures thereof.

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10. An oral drug delivery system as claimed in any one of the preceding claims which includes therein a co-emulsifier in an amount sufficient to complete the solubilization of the poorly water-soluble drug.

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11. An oral drug delivery system as claimed in claim 10 wherein the co-emulsifier is a phosphoglyceride or a phospholipid.

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12. An oral drug delivery system as claimed in any one of the preceding claims wherein the discontinuous phase comprises from 85 to 96% by weight of the biliquid foam.

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13. An oral drug delivery system as claimed in claim

12 wherein the discontinuous phase comprises from 90 to 95% by weight of the biliquid foam.

5 14. An oral drug delivery system as claimed in any one of the preceding claims wherein the continuous hydrophilic phase comprises from 2 to 10% by weight of the biliquid foam.

10 15. An oral drug delivery system as claimed in any one of the preceding claims wherein the surfactant comprises from 1 to 2% by weight of the composition.

15 16. An oral drug delivery system as claimed in any one of the preceding claims wherein the poorly water-soluble drug is an analgesic or anti-inflammatory agent, an anthelmintic, an anti-arrhythmic agent, an anti-coagulant, an anti-depressant, an anti-diabetic, an anti-epileptic, an anti-fungal agent, an anti-gout agent, an anti-hypertension agent, an anti-malarial, 20 an anti-migraine agent, an anti-muscarinic agent, an anti-neoplastic agent, an anti-protozoal agent, an anti-thyroid agent, an anxiolytic, sedative, hypnotic or neuroleptic agent, a corticosteroid, a diuretic, an anti-Parkinsonian agent, a gastro-intestinal agent, a histamine H-receptor antagonist, a lipid regulating 25 agent, an anti-anginal agent, a nutritional agent, an opioid analgesic, a sex hormone, a stimulant, or a therapeutic mixture thereof.

30 17. An oral drug delivery system as claimed in any one of the preceding claims which is in a unit dosage form.

35 18. An oral drug delivery system as claimed in claim 17 wherein the unit dosage form comprises capsules filled with the biliquid foam.

19. An oral drug delivery system as claimed in claim 18 wherein the capsules are hard or soft gelatin capsules.

5 20. An oral drug delivery system as claimed in any one of claims 1 to 16 which is in the form of a dilutable concentrate.

10 21. An oral drug delivery system as claimed in claim 20 which is infinitely dilutable in a co-solvent.